

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10511655	FILING DATE
APPLICANT		

407102  
CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1	1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1	1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23	1		1	1		
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48						
49						
50						
TOTAL IND.	27	↓	5	↓		↓
TOTAL DEP.	21	←	21	←	21	←
TOTAL CLAIMS	25		26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						